Foster Family Home - Corrective Action Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA Review ID: 1-594665-9

91-871 Halalii Street Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 6/2/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate client 2 and 3

47 (d)(1) Client # 2 physicians order was present f without a MD order but CCFFH is not using. Client # 3 has without a MD order

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) single client bedroom and bathroom does not has a lock on the inside for patient privacy. This is a repeat citation from 2020

Foster Family Home - Corrective Action Report

| Foster Famil | y Home Records [11-800-54] | | |
|--|---|--|--|
| 54.(c)(2) | Client's current individual service plan, and when appropriate, a transportation plan approved by the department; | | |
| 54.(c)(5) | Medication schedule checklist; | | |
| 54.(c)(7) | Expenditure records; and | | |
| 54.(c)(8) | Personal inventory. | | |
| Comment: | | | |
| | Service plan for client #1 since May 2020 or client 1,2 and 3 lists for the clients room, for client # 1 but there is no checked in service plan not done | | |
| 54.(c) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders, for a | | | |
| 54.(c)(8) Client # 1 2 and 3 Personal inventory sheet is blank and not signed 54.(c)(7) Client # 1 2 and 3 have no documentation of Expenditure records | | | |

Compliance Manager
Primary Care Giver

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Jackie Chamberlain

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Connie Felipe

(PLEASE PRINT)

CCFFH Address: 91-871 Halali'i Street, Ewa Beach, HI, 96706

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|----------------|--|-------------------------------------|---|
| 47 (d)(1) | Client #2's was obtained and properly recorded. | 06/18/21 | The home will review and check the client chart for the recommended signed by the MD. |
| | Client #3's was faxed to the MD for his signature. | 06/28/21 | Caregiver #1 will follow up with the CMA and MD for all necessary forms that need to be faxed and signed for the client |
| 47 (d)(1) | Client #2's was updated by the client's MD. The order was recorded. | 06/08/21 | The home will notify the client's CMA and MD of the client's conditions and changes so the orders will be updated immediately. |
| | Client #3's was faxed to the client's MD. | 06/28/21 | The home will review the client's care plan and will inform and notify the CMA and MD immediately to request an order for in the interest of the client's safety. |

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All items that were fixed are attached to this CAP

PCG's Signature:

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Date: _06/20/21

Jackie Chamberlain

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Connie Felipe

(PLEASE PRINT)

CCFFH Address: 91-871 Halali'i Street, Ewa Beach, HI, 96706

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| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|----------------|---|-------------------------------------|---|
| 53 (b) (15) | Doorknobs with a lock were purchased and installed. | 06/03/21 | The home will use doorknobs that feature a lock which the client can use for privacy purposes. Caregiver #1 will keep the keys for emergency purposes. |
| 54 (c) (2) | The update for Client #1's service plan was completed by the CMA and properly recorded. | 06/08/21 | The home will notify the client's CMA about the service plan which must be updated 2 weeks before expiration. |
| | According to the service plan, were purchased and installed next to the beds of Clients #1, #2, and #3. | 06/10/21 | The home will ensure that are provided to the clients should they need assistance at any point in time. |
| | Client #1's was purchased and placed in | 06/05/21 | In the interest of the client's safety and comfort, the home will check equipment each month and maintain the client's equipment so that it continues to function properly. |
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| ✓ | All items that were fixed are attached to this C | AP |
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Date: 06/20/21

PCG's Signature:

Jackie Chamberlain

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Connie Felipe

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|----------------|---|-------------------------------------|--|
| 54 (c) | Medication discrepancy was corrected on Client #2's medication administration record by the client's CMA, MD, and Caregiver #1. | 06/18/21 | Caregiver #1 will look at the medication list to ensure that the PRN and discontinued medicines are updated and recorded after each doctor visit. The home will immediately notify the CMA and MD for any and all changes. |
| 54 (c) (7) | Personal inventory sheets were updated, signed, and properly recorded. | 06/03/21 | The home will record all of the personal belongings of the clients at time of admission and make any updates to additional items. The inventory forms will be signed to reflect the changes. |
| 54 (c) (7) | Monthly expenditure records were documented and properly recorded. | 06/03/21 | The home will document and keep a record of the monthly expenses for each client, including any and all receipts of the client's spending. Caregiver #1 will review the log at the end of each month. |

| All items that v | were fixed are attached to this CAP | |
|------------------|-------------------------------------|----------------|
| PCG's Signature: | <u> </u> | Date: 06/20/21 |
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